

CLAIMS ONLY	Application Number <div style="font-size: 1.2em; font-family: cursive;">10/669499</div>	Filing Date
Applicant(s) 		

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	Indep	Depend						
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
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42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	2						Total Indep	1				
Total Depend	4						Total Depend	5				
Total Claims	6						Total Claims	6				

6
12